

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled USE OF ADENOVIRUSES MUTATED IN THE VA GENES FOR CANCER TREATMENT, the specification of which:

- ☒ is attached hereto.
☐ was filed on _____ as Application Serial No. unassigned and was amended on _____.
☒ was described and claimed in PCT International Application No. PCT/ES03/00140 filed on March 25, 2003 and as amended under PCT Article 34 on April 13, 2004.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filing Date</u>	<u>Priority Claimed</u>	
Spain	P 200200716	March 26, 2002	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
WIPO	PCT/ES02/00140	March 25, 2003	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

All practitioners associated with PTO Customer Number 26181.

Direct all telephone calls to MARY ANN DILLAHUNTY at telephone number (650) 839-5070.

Direct all correspondence to the following:

26181
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

BEST AVAILABLE COPY

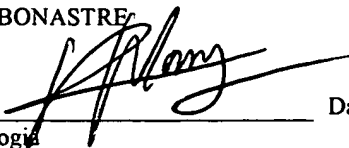
Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of
Inventor:

RAMON ALEMANY BONASTRE

Inventor's Signature:



Date: September 14, 2004

Residence Address:

Institut Catala D'Oncologia
Av Gran Via s/n, K4n 2, 7 08907-L'Hospitalet
Barcelona, Spain

Citizenship:

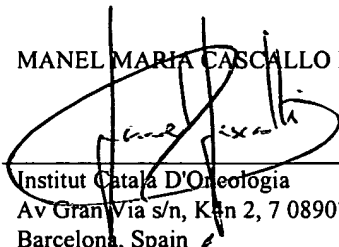
Spain

Post Office Address:

Full Name of
Inventor:

MANEL MARIA CASCALLO PIQUERAS

Inventor's Signature:



Date: Sept. 14, 2004

Residence Address:

Institut Catala D'Oncologia
Av Gran Via s/n, K4n 2, 7 08907-L'Hospitalet
Barcelona, Spain

Citizenship:

Spain

Post Office Address: